

| POSITION                  | INITIALS | ID NO. | DATE      |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION         |          |        |           |
| O.I.P.E. CLASSIFIER       |          | 1034   | 2/15      |
| FORMALITY REVIEW          | LCK      | 1070   | 21 28 101 |
| RESPONSE FORMALITY REVIEW | R.B      |        | 05/14/01  |

# INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim          | Date   |
|----------------|--------|
| Final Original |        |
| 1 0            | 3/7/03 |
| 2 2            | ✓      |
| 3 3            | 0      |
| 4 4            | 0      |
| 5 5            | 0      |
| 6 6            | ✓      |
| 7 7            | ✓      |
| 8 8            | ✓      |
| 9 9            | 0      |
| 10 10          | 0      |
| 11 11          | 0      |
| 12 12          | =      |
| 13 13          | =      |
| 14 14          | =      |
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| 16 16          | =      |
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| 18 18          | =      |
| 19 19          | =      |
| 20 20          | =      |
| 21 21          | ✓      |
| 22 22          | ✓      |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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